000-000-00000 STATE OF SOUTH CAROLINA **BEFORE THE** PUBLIC SERVICE COMMISSION (Caption of Case) Example: Application for a Class C. Charton Coming John Doe dbn Doe's The E. E. E. OF SOUTH CAROLINA TRANSPORTATION COVER SHEET NOV - 8 2010 2010 272-T DOCKET NUMBER: If this is your first time filling an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Dooket Number was assigned and should be entered above. Submitted by: Telephone: 152 Clovis Circle Address: Fax: Nyctle Beach SC 29579 Other: limoscencia sciccioni Email: NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely. NATURE OF ACTION (Check all that apply) Application - Class A/A Restricted Request for Name Change on Certificate Application - Class C Taxi Request to Amend Scope of Authority NOV 0 8 2010 Request

Exhibit | | Application - Class C Charter Request to Amend Tariff (rate increase, etc.) Application - Class C Charter Bus Application - Class C Non-Emergency Application - Class C Stretcher Van Application - Class E Household Goods Late-Filed Exhibit Application - Class E Hazardons Waste Letter Application Proposed Order Request for Extension to Comply with Order Publisher's Affidavit Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded Reservation Letter Rasponse Request for Cancellation of Certificate Return to Petition Request for Suspension Request for Reinstatement

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

. Reset Form

CLASS C REINSTATEMENT FORM	
File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to S.C. Office of Regulatory Staf Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE: 11-10-10	
Please consider this an application for Reinstatement Taxi Certificate Number	NOV - 8 2010 T,T, W, W
(DATE) On our S.V.V. Limbs and also have. D. were informed that we no longer reeded. I am seeking reinstatement because were informed.	2.2010 because we now have 205 charters. O.T. sticker on the particular limo. ORS stickers also. by D.R.S. that needed stickers
Salbo Enterprises Inc. DE (Name of Company) 152 Clouds Circle (Street Address) 152 Clouds Circle Myrtle Beach (City, State, Zip Code)	(Mailing Address if different from Street Address) SC. 29579 Day Sanda
(Telephone Number)	Daniel Saporita

RECHIEVEL

ORS Revised 2-22-10

NOV 0 8 2010

CLERK'S OFFICE